

CBS to WAIVER TRANSITION

Question and Answer

April 5, 2006

TOPIC	QUESTION	RESPONSE
Community Support/Developmental Therapy	Can Community Supports and Developmental Therapy be provided to the same person?	No. Community Supports is a comprehensive service designed to meet the needs of individuals with MH/SA diagnosis. Paraprofessional activities include skill building in a variety of domains.
Community Support/TCM	Can an individual who is a Targeted Case manager also be the QP for Community Support?	A QP providing CS would have to meet the experience requirements for the MH/SA population and could not just be a QP with DD experience alone.
Targeted Case Management	It is my understanding that a contract agency providing Targeted Case Management (once approved) cannot do TCM and any other service for the same DD consumers. However, since Developmental Therapies is not under Medicaid - can a TCM provider provide Developmental Therapies to the same DD consumer?	Once the new Targeted Case Management definition is approved by CMS, providers of TCM may not provide direct services to the same consumer whether state or Medicaid funded. The only other service that a TCM provider could provide to the same individual would be Diagnostic Assessment.
CBS/CAP-MR/DD	<p>If someone had CBS and has obtained an MR 2 signed by a doctor and therefore is receiving CAP services for the two week period, what if the ICF level of care is denied within this time frame?</p> <p>Will the provider be able to bill CAP Medicaid for the services for this transition period?</p> <p>What if the consumer had been receiving 6 hours a day of CBS and during the transition period, the provider was authorized by the case manager to provide 6 hours per day of HCS?</p>	<p>Direction has been provided that during this transition period, while awaiting ICF-MR level of care determination, that two orders, one for CAP services and one for Dev Therapy, be issued. If an individual is denied ICF-MR level of care, Dev Therapy is the appropriate service to be funded.</p> <p>Billing for CAP-MR/DD waiver services may not occur until a prior approval number is obtained and the CM indicator is in the system.</p> <p>In this situation, Dev Therapy would be billed by the provider. The provider would be reimbursed for the amount of Dev Therapy that they were authorized.</p>
Developmental Therapy	Does the state plan to provide another allocation letter to the LME's since the initial allocation will not cover the cost, not to mention the UR guideline for Developmental Therapy is a maximum of 4 hours per day?	To the extent possible, during this transition period, there should be a direct crosswalk from CBS to Developmental Therapy when Dev Therapy has been determined to be the appropriate service. The allocations provided cover only through June 30 and should be annualized. It is important to remember that the

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		majority of individuals who were receiving CBS through Medicaid will crosswalk to either the CAP-MR/DD waiver or Community Supports. The number of individuals receiving Developmental Therapy to meet the majority of their services needs will therefore be limited.
Developmental Therapy	Can new individuals coming into the system receive Developmental Therapy?	Individuals coming into the system for the first time would go through the usual process beginning with Screening, Triage, and Referral. Individuals in the DD target population will be referred for CM and Diagnostic Assessment. The case manager is responsible for determination of appropriate service needs and the development of the person centered plan. If Developmental Therapy is
CBS/CAP-MR/DD	If Developmental Therapy is ordered while waiting on an MR2 approval for a CAP, do we bill it or does the CAP retroact to 3/20/06?	In a March 13 email, LMEs were given specific instruction to provide an order or authorization for both CAP services and Developmental Therapy. Dev Therapy is to be used ONLY if CAP eligibility is denied. The effective date for CAP during this transition is the latest of two dates 3/20 (if the MR2 was signed before that date) or the date the MR2 was signed by the physician/licensed psychologist.
CBS/CAP-MR/DD	If a consumer is living in a licensed residential program, and receives 5 hours of CBS daily, and has a SNAP score of 110, should they be a Level IV, bringing in \$175.35 daily or should they be a Level II, bringing in \$125.45 daily (closest cost to the CBS cost)?	In this situation, the appropriate Residential Support level is determined by medical necessity and the intensity of need of the individual since there are no set hours per day for levels of Residential Supports.

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CBS/CAP-MR/DD	Can initial plans be submitted as late as 4/30 if needed? I know we have to get them in within 60 days of prior approval still but is there a little bit of added flexibility with plan submission dates?	The abbreviated plans need to be submitted to the LMEs now and the timeline for that submission should not be extended until 4/30.
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